

# I'm a Nurse in an Alcoholic Ward

*Anonymous*

*The author--a onetime alcoholic--has nursed 5000 drunks through the fading hours of their most spectacular sprees. Here is what she has faced in salvaging doctors, lawyers, ministers, priests, housewives and stenographers from drink and the devil*

A redheaded woman in a mess is really a mess, and five years ago I was just that. Like well over 100,000 others, I found my way to sobriety through Alcoholics Anonymous. AA says that if you want to stay sober you have to help somebody else get sober.

Since I was a nurse, it seemed logical that the best way to meet this requirement would be to find a job in an alcoholic ward.

That's how it happens that during the past five years I've nursed more than 5000 alcoholics through the fading hours of their most spectacular sprees, in the AA ward of Knickerbocker Hospital in New York City. Helping other alcoholics to get well has become my life work.

Friends look at me with frank disbelief when I tell them I love my work because I meet so many nice people. That statement, applied to men and women who have indulged in every folly, benign and malignant, may be a little hard to swallow, but I really mean it. In five years only one patient has ever taken a swing at me, and it was a woman patient, at that. Being female myself, and redheaded besides, I promptly socked her back. After that she was very co-operative.

The only other violence was of my own instigation. A fresh, peppery little man--he came about up to my shoulders--kept pestering me for a drink, and drinks are not served in alcoholic wards. To stall, I told him he would first have to take his pill, which I knew would put him to sleep. "No drink, no pill," he said, and I retorted, "No pill, no drink." This kept up until my patience was gone. I turned the little fellow over, paddled his bottom and said, "Now, will you take the pill?" He took it nicely, and

from then on we were good friends.

One thing has begun to be a little irritating, but only because of its monotony. About every third male patient, when he first comes in, takes a bleary gander at the white uniform and the red hair and croaks out a sally that's supposed to brighten everybody up--"H'r'r'm'm'm, do you go with the room?" They usually apologize the next day.

Yes, most alcoholics are nice. In no other branch of nursing within my experience are such respect, consideration and gratitude accorded the nurse by the patients. Even the most berserk were likable before they ran afoul of firewater, and can be likable again. The recovered alcoholics I have known have been quicker to help and readier to forgive, possessed of a livelier understanding and faster wit, than the general run of people. After recovering, that is. Drunk, they can be pretty dreary.

The origin of our ward is closely connected with the origin of AA itself. AA was founded in 1935. By 1939 it was evident that, though the movement was reaching a pitifully small percentage of the alcoholics who needed help, it was nevertheless achieving greater success than anything else ever had. Sufferers flocked to AA by the hundreds, many of them needing immediate medical treatment. The AA program of rehabilitation is based on understanding, friendliness, honesty and faith--all things requiring maximum application of the mental and moral faculties. Many desperate drunks who wanted AA could never stay sober long enough to do the necessary clear thinking.

At this point a great team--the AA founders

"Bill," a New York broker, and "Doctor Bob," an Akron physician--stepped forward with an idea. Why not a place where sick alcoholics could be sobered up under expert care, and at the same time gain a foothold in AA? Private-hospital officials, conditioned to believe that drunks could mean only pandemonium, were chary. Then, in 1939, such a ward, of eight beds, was established at St. Thomas Hospital, in Akron. In 1945, Knickerbocker, a private general hospital with 200 beds and a forward-looking management, agreed to open its doors, and thus the first AA ward in the East was born. The third floor of one wing, with a capacity of nineteen beds, was given over to the experiment.

The ward's success surpassed its backers' hopes. AA volunteers are on round-the-clock duty, ready to discuss the temptations and techniques of the life of sobriety. Half our patients, we estimate, go out from Knickerbocker into immediately successful AA lives, and two thirds eventually find their way to recovery. St. John's Hospital, in Brooklyn, and St. Michael's, in Newark, have opened wards after the St. Thomas-Knickerbocker pattern, and other hospitals have the plan under consideration.

**I'll never forget my first day on duty.** I spotted a wistful-looking little man with a red face and blue eyes waiting outside the ward. He was alone, and I knew that no patient could be admitted to this particular ward unless accompanied by a member of AA. Eager to demonstrate my efficiency, I said brightly, "Don't worry, we'll take care of you. Where's your sponsor?"

I took his bag and was about to remove his hat when he turned kindly old eyes up at me and said, quietly, "Relax, young lady; I'm Doctor Silkworth."

At that moment I wanted to sink through the three floors to the basement and on down into bedrock. Dr. W. D. Silkworth was widely known as one of AA's first medical advisers. Besides, he was the doctor in charge of the ward! Since then I've learned to tell the

difference between doctor and patient, and possibly a few other things. You can't work with a man like Doctor Silkworth--as I did until last year--when, at the age of seventy-eight, he died--without learning something.

The traffic in our ward is evidence that alcoholism is no respecter of prestige. Two eminent men appeared for treatment just a few weeks after their pictures had appeared in advertisements as endorsers of special brands of strong waters. Ministers and priests are frequently our guests, as are doctors, lawyers, engineers, pilots, editors, housewives and stenographers.

Contrary to a popular notion, the alcoholic is not just the man in the gutter. The scion of a Social Register family once inherited a sizable fortune while recuperating in one of our beds. We've had a prominent judge, a famous senator and a member of Parliament. Practically every race and nationality has been represented, and the patients' occupations have spanned the alphabet from auctioneer to zither player. Our sample indicates that Irish stock is the most susceptible to alcoholism, Jewish the least, and that no ethnic group is immune.

Influx by occupations seems to be related to the calendar. Around mid-December we get a lot of housewives in the women's ward. Early in January the policemen begin coming in, and a little later that month the musicians. In February there's a concentration of publishing people--illustrators, writers, editors, advertising men. March is the month for business executives, great and small, and April brings a parade of salesmen. The rest of the year it's an odd assortment of bankers and peddlers, sailors and tailors, stenographers, bookkeepers and storekeepers, with an age range from nineteen to eighty-one.

As for the seasonal tides within occupations, one must remember that a person is not an alcoholic just part of the time. If he's an alcoholic at all, he's one all the time. He needs only an occasion involving extra liquor and extra tension to set him off. These situations seem to arise at different times of the

year in different occupations.

Take the housewives. Around the middle of December the kids are home for Christmas vacation. The weather is bad and they can't be out of doors all the time, so they're underfoot and quarreling. There's the endless business of Christmas shopping--what to get Uncle Fred, and did old Aunt Minnie give us anything last year, and how much to spend? This last factor must be weighed against the family budget and the husband's disposition. On top of all that, the routine work must go on, but it's the season to be convivial. What is more helpful to the spirit of joy than a little nip, particularly since people are freer with their liquor at this time of year? Then there are lots of parties. And there's the haunting feeling, to a person having even a sketchy religious background, that Christmas was supposed to mean something quite different from all this. A woman who'd been walking the alcoholic tightrope up to then might easily fall off and land in Knickerbocker, with me.

Cops have a similar situation. During the holidays they have more traffic, more shoppers, more thefts, bigger crowds--in short, more police work of every kind. Bartenders are known to be solicitous of the men in blue. When holiday business is good and weather bad, there's no lack of little nips to warm ye. Christmas and New Year's tips to the officer on the beat are traditional, and they frequently come in the shape of a bottle.

The alcoholic cop may be able to stay in harness through New Year's Eve somehow, but he's likely to be ready for expert care very early in the year's first month. The same goes for the orchestra lads. The holidays are the time when they play their biggest jobs, get their biggest tips and the most free liquor.

Why the publishing crowd comes in during February, I don't exactly know. My hunch is that the so-called "creative" folk may be a little more sensitive to weather than the rest of us, and those February doldrums in these latitudes would get almost anybody down. One February we had quite a delegation from the editorial staff of a famous, and somewhat

snippy, national magazine. I guess those creative imaginations got going on how nice it would be in the tropics, and local reality seemed just too grim. But as I say, you have to be an alcoholic first, before the weather can do much about it one way or the other.

In many industries, orders are placed for the whole year in one of the early spring months. These are tense times for executives and salesmen. If it turns out to be a big year, they're exuberant; if it is a bad year, they're gloomy; and both states of mind are sure to bring action from the alcoholics.

On entry, our patients are a beaten and penitent lot. They've been picked up by AA's wherever they happened to be when they called for help. They come from precinct lockups and flophouses, Bowery dives and penthouse suites, suburban estates, country clubs and furnished rooms. Nobody is ever brought to our ward against his will. Indeed, they're given to understand by their sponsors that they're lucky to get in. We have no repeaters--patients are admitted once, and only once. Sponsors deliver them, their suitcases and eighty-five dollars in cash in advance, then leave. Now begins the five-day course.

Once signed in, the patient's first two days are the most worrisome. It is in this period that deep depressions due to remorse are most likely to occur. The ward came near being discontinued during its first month, when a depressed patient found his way to an unbarred window and jumped three floors to his death. AA supporters quickly passed the hat, raising \$1000 for strong steel screens. We've never had another attempted suicide. No patient is admitted who shows signs of oncoming delirium tremens or convulsions--these are sent to a municipal hospital equipped to handle disturbed patients--but sometimes the doctors guess wrong. Last year, among 1000 patients, we were caught with two cases of convulsions and a dozen of DT's.

**Delirium tremens must be sheer hell.** Its onset is marked by acute nervousness. First come the auditory hallucinations; then, usually,

the visual. The patient hears his name being called, or a violent argument in progress, or non-existent loud music. Then he begins to see things. I've had patients ask me in all seriousness to watch where I stepped so I wouldn't squash the strawberries. One demanded to know how the geese got into his room. These visions are sometimes, but not always, frightening. The strawberry and goose people were quite calm about what they saw. Heaven knows what fiends and horrors they're seeing when they scream. The worst case I ever saw was a man who was convinced he was being run down by a train. Most patients, during DT's, have moments when they know that what they're seeing is not real--and times when they're completely convinced of its reality.

No one condemns the alcoholic as he, when the remorse is on, condemns himself. We give them vitamins to re-establish nutritional balance, fruit juices to combat dehydration, and bromides and belladonna for jagged nerves. By the third day they're beginning to take an interest in the world again, and that's where Duffy's Tavern gets in its wonderful work. (Duffy's Tavern is a kind of clubroom in the men's division, where patients meet and talk.)

**The five days are planned as a chain of healing** that will lead back into a life of sober usefulness. The first couple of days there's nothing much to do but medicate and feed them and maintain an attitude of good-natured understanding. This in itself, for people who are accustomed to contempt, hostility and despair when they're "on one," is an important part of the treatment.

I have a couple of devices of my own for maintaining morale. Every patient gets a nickname. "Cuddles," "Peaches," "Saint Anthony," "Pontius Pilate," "Napoleon," "Pinhead" and "Windy" are my favorites, and I use them over and over. We also make a good sport of treatment with the B-complex needle. This is inserted in the part of the anatomy scientifically known as the *gluteus maximus*. When I come into Duffy's with the needles,

calling, "All right, boys, bottoms up!" I can always count on an assortment of grunts, groans, grouses--and laughs.

On the third day, patients are encouraged to move around. In the women's ward, there's visiting from room to room and talks with AA's from the outside; and, for the men, socializing in Duffy's Tavern. The patient begins to realize he's not alone in his plight. If others can endure it, he guesses that he can too. The fog begins to clear, and memory, at least partly, returns.

One time a husky tugboat captain who'd been staring gloomily out the window of Duffy's suddenly snapped his fingers and exclaimed, "Nyack!"

"What do you mean, 'Nyack!'" asked a mounted policeman.

"That's where I left my tugboat, ten days ago!" the skipper replied.

"Hey, I just remembered," said the cop. "You know where I left my horse? Van Cortlandt Park."

People sometimes wonder how we AA's can extract so much comedy from our own tragedies. Alcoholism is tragically foolish and, believe me, there's very little comedy when the drinker first realizes the full consequences of his drinking.

After the calamity is honestly faced up to, though, and a new life has begun, we figure there's no use brooding over it.

One of our patients, a New York politician, took a route to Knickerbocker which is typical of some of the more flamboyant toots. He'd been drinking for several weeks and had obviously had more than enough when he stepped into a bar where he was well known and ordered a drink.

"O.K.," said the bartender, noting his condition, "but first you better go out and get a ham sandwich and a cup of black coffee."

The politician discussed this step with another drinker. Concluding that it was sound, they set out for a nearby diner. On the way, they got to talking about the races in Florida.

"Let's go," said the politician.

"O.K.," said the friend. They took a cab to La Guardia Airport and in a short time were in

Miami. The politician, besides being a follower of the races, had a wide acquaintance in the New York and Miami police departments. A policeman recognized him as soon as he stepped off the plane--his heavy overcoat and derby were easily spotted in the Florida sun.

"Look, chief, you're drunk," said the cop. "You'd better go home."

"I guess I am a little, at that," said the amiable politico, and stepped aboard the next northbound plane. Back in New York, the same bartender was on duty at the same bar.

"Where'd you go for that sandwich?" he said, spoofing. "Florida?"

"Yeah," the politician said, and in a couple of hours the bartender was drunk, too, loudly asserting that it could not be. Meanwhile the AA alarm had been sent out for the ward boss, and a pair of AA's who'd been scouting New York for him closed in.

**The silliest story I ever heard in Duffy's** was about a party I nicknamed Old Number Seven. His wife, to bring him off a prolonged binge, had removed all his clothing except his underwear, while he slept, and had locked his closet door. When he awoke he was faced with the problem of how to get out and get a drink. He found a pair of tennis sneakers, ripped a square of cloth from the sheet, painted a big figure "7" on it, pinned it on his back and stepped out onto the avenue as a cross-country runner, headed for his favorite saloon.

AA volunteers, many of them graduates of the ward themselves, drop in at Duffy's and swap yarn for yarn. In this way many patients realize for the first time what alcohol has been doing to their lives and glimpse a way out. One man convinced his wife that the best plan for their security in old age was to sell their home and invest the proceeds in "a sound business"--a bar and grill. He quit the office job he'd held for thirty years and went into the liquor business. He drank up the establishment--capital, surplus and profits--in a year. Facing up to what he'd done, he resolved, in Duffy's, to start clean. Now he's one of our most effective volunteers. He hasn't got his

home back yet, but he's back at his old job, pays the rent, provides meals and stays sober.

One wealthy suburban housewife, mother of six school-age children, was the worst brat of the lot. Everything was "simply too much" for her. The children were too noisy and demanding, her husband too busy and preoccupied, household routine too dull, the cares of community living too numerous--she had to get drunk, for solace. Our ward, followed through by AA, brought a change. Now she not only has ample time for her home, her husband and her children but is also a skillful AA worker, president of her P.T.A. and a truly wonderful person.

The fifth and final day of our treatment brings its own special hazards. The patient's head is clear, his strength has returned and he has found new and understanding friends. Now he must face the world outside, the mess he has himself created. He slept poorly the night before. This uneasiness is so common that we even have a fancy name for it--"pre-discharge tension." Discharge day is the despair of many alcoholic wards. To many patients, the shambles outside seems beyond solution--they streak to the nearest bar, the deadly cycle begins all over again, and much good work is undone.

Our ward takes certain precautions. Nobody can be discharged unless he has been signed out, in person, by his sponsor and has been safely conducted to his home. He's encouraged to attend the weekly meetings of his local AA group. There he learns that other men and women of his community--some of whom he knows and respects--have somehow found the courage to deal with situations at least as disastrous as his own. He digs in. In almost exactly half the cases, he's back in a few months as an AA volunteer, ready to help others back along the path to sobriety.

Of course, we have our casualties. Every now and then I hear of somebody who once spent five days with us and who is now dead, either of convulsions in some other hospital or a suicide somewhere. These are the sudden ones; the slowly dying are just as pathetic.

There's a nice old gentleman who lives in a big house by the seashore, alone except for a butler and maid. He doesn't need AA, he says. Every time he gets tanked he calls me up and begs me to marry him. In this condition there's no use trying to talk any sense into his head, so all I can do is kid him along. It's kind of hard, though, when I know for a certainty that one of the lonesome little drinking bouts of his is going, pretty soon, to be his last.

The reasons for failure are among the many mysteries connected with this baffling disease that researchers are still trying to unravel. Some people seem incapable, drunk or sober, of the clear thinking necessary to grasp and apply the AA program of living. There are physiological, neurological, racial and cultural influences that are only beginning to be understood.

But one of the greatest hazards, in my opinion, is pride. Many thousands with otherwise sound minds are enduring alcoholic torture rather than humble themselves to share the companionship of the genial ex-tanks of high and low estate who make up their local AA groups. They, and those who care for them, pay a terrible price for such pride. I know a "self-made" business executive who came home drunk one night and was exasperated when he found his wife and daughter asleep. "Just to get a rise out of them," he fired a bullet into the wall, lay down and played dead. He says he's not an alcoholic!

**My own story?** Humdrum enough. I was born in New York City, attended Catholic grade and high schools until I was eighteen, then spent three years in nurse's training at St. Mary's Hospital, in Passaic, New Jersey. I was a happy-go-lucky kid, and the glamour of the nurse's cap wore off when I discovered the discipline and effort it took to win one. When I met a big, hearty and, at that time, thoroughly enchanting Swiss, I gave up nurse's training and took an office job in New York to be near him. We fought hilariously for seven years and then were married. Sometime during that period I found time to finish my nurse's training, but I

never worked at it.

My husband was a man who worked hard, played hard and drank hard, though he was not an alcoholic. At the time unaware of any distinction between the mere heavy drinker and the alcoholic, I drank with him. His recreational passions were hunting and fishing. I went along on his sporting trips, enjoying them thoroughly--up to a point. That point was when I'd got liquored up and was feeling sorry for myself. I was "neglected," and I began to make spiteful remarks. My patients tell me I have a ready tongue even when sober, and in those days I must have been something. Our quarrels, once more or less good-humored, grew increasingly bitter. My drinking, I now realize, was showing definite alcoholic symptoms.

I was bored most of the time, and drinking seemed a handy antidote. We had had no children. I lacked the initiative to practice nursing, and time hung on my hands. A couple of the girls would drop in at our apartment during the morning. We'd talk for a while, then have a drink. I'd nibble at the bottle during the day and would be pretty well along by the time my husband came home. A few drinks with him and a party that night, and I'd either be blind, stupid, quarrelsome drunk or passed out.

How many times I've heard those admonitions that haunt every alcoholic: "Why don't you just have a few and enjoy them? Why don't you drink as we do?" Why couldn't I stop, once I started? I didn't know. Exactly how my husband and I stuck it out for eleven years I'll never understand. The blowoff came in 1945. He told me he was through and packed me off to Reno.

It was a devastating blow to my pride. I thought I'd been the one who was putting up with *him*. I learned, suddenly, that he'd been tolerating *me*. During the next two years I worked in a Reno department store, toured in Hawaii and visited San Francisco. I returned to my own family in New York in 1947, completely licked. I now found that I couldn't drink at all without getting drunk. Therefore, I had to be careful. My life was made up of

stretches of sobriety punctuated, at ever closer intervals, by short, despairing binges. When my brother-in-law told me about AA, I was ready.

**My first AA meeting** was, in many ways, a disappointment. There was a strictly "low-bottom" panel that night, that is to say, the speakers were not Harvard and Wellesley graduates--"bottom," in AA parlance, means the lowest state of alcoholic squalor a person will accept. Their drinking had carried them so much farther along Hobo Highway than mine that we seemed to have little in common. It left me with a conviction, though, that these people had the answer. The Twelve Steps of AA won me immediately--admit our frailty, seek God's guidance, repent our misdeeds, make amends, take a moral inventory, help others. Here was religion actually lived. Many are successful in AA without believing in God. To me, the highest power has always been the same God I used to know in church. Here I also learned, "once an alcoholic, always an alcoholic," which explains why, even after five sober years, I say that I am, present tense, an alcoholic. We stay sober one day at a time, never forgetting that we are alcoholics and therefore cannot take the first drink.

After a month of daily increasing happiness I was struck with an overwhelming sense of gratitude. I was grateful to that lonely handful of men who formulated the AA principles of

recovery and set them down; grateful to the thousands of alcoholics who, in the face of every conceivable difficulty and temptation, had picked up these tenets and doggedly clung to them, fighting to hang on to their sobriety so it could be passed on to me. I felt I must do something in return.

When I learned about the AA ward at Knickerbocker I knew what that something would have to be. I was a trained nurse. During all the years I had frittered away, that training had seemed meaningless. Now it made sense--I was meant to work in that ward. I bombarded the supervising nurse with telephone calls by day, and prayers to God at night, and three months later I got the job.

These five years have brought deep satisfactions. I can't convey how much it means to me to see the transformations in people. They come to us physical, mental and moral wrecks. They leave encouraged but still uncertain. Then, months later, they come back--bright-eyed, rosy-cheeked, eager to help; job back, family back, going concerns again, ready to pass on, with dividends, what's been given to them.

To know that I had some small part in this rebirth is a blessing far beyond what I deserve. The failures, the lost ones? Well, they're sad, of course. However, we must accentuate the positive. But for the grace of God, all of us might have been lost.